

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1					51				
2	1					52				
3	1					53				
4	1					54				
5	1					55				
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45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	C		↓		↓		↓		↓	
TOTAL DEP.	1		↔		↔		↔		↔	
TOTAL CLAIMS	6									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS